

County Harrison
 Permit #: MS-QW-16614
 Driller: Griner Drilling Service, Inc.
 Date drilling completed: 04/06/10

State Well Report
Part I - Driller's Log

Mississippi Department of Environmental Quality
 Office of Land and Water Resources
 P.O. Box 2309
 Jackson, MS 39225
 (601)961- 5210
 (601)961- 5228 (fax)

For Office Use Only:
 Aquifer: _____
 Well #: F 508
 L. S. Elevation: 95'
 E-log #: _____

State Law requires that this report be prepared by the license holder responsible for the work and filed with the Department at the above address within 30 days of completion of drilling of the well or borehole.

| Information on Well Owner | Well or Borehole Location |
|---|---|
| <p><i>(Landowner if borehole is not for a water well)</i> Owner Name <u>Harrison County Utility Authority</u> Mailing Address: <u>10271 Express Drive</u> <u>Gulfport MS 39503</u> City State Zip Code Telephone No. () _____</p> | <p>Latitude: <u>30 28' 40.05"</u> Longitude: <u>89 11' 14.39" W</u> Method of Lat/Long (check one): Conventional Survey <input type="radio"/> USGS quad <input checked="" type="radio"/> Hand-held GPS <input type="radio"/> Survey-grade GPS <input type="radio"/> <u>NW 1/4</u> <u>SW 1/4</u> Sec <u>34</u> Twn <u>6S</u> Rng <u>12W</u> Distance Direction Nearest Town <u>3.5</u> Miles <u>SW</u> of <u>Lyman</u> County Farm W13</p> |
| Well / Borehole Data | |
| <p>Date drilling started: <u>01/07/10</u> Date drilling completed: <u>04/06/10</u> Hole depth: <u>1000'</u> Hole diameter: <u>21"</u></p> | |
| <p>Location of the source of any surface water used for drilling: _____ Method of dosing and volume of Chlorine used in drilling and development: _____</p> | |
| <p>Logs run (check all applicable): None <input type="checkbox"/> Electric <input checked="" type="checkbox"/> Gamma Ray <input checked="" type="checkbox"/> Density <input type="checkbox"/> Sonic <input type="checkbox"/> Neutron <input type="checkbox"/> Other: _____ Name of organization running log(s): <u>Griner Drilling Service, Inc.</u></p> | |
| <p>Purpose of borehole (check one): Water Well <input checked="" type="radio"/> Geotechnical/Geological Investigation <input type="radio"/> Ground Source Heat Pump <input type="radio"/> Seismic Survey <input type="radio"/> Other (describe) _____</p> | |
| <i>If drilling is not related to water well construction, skip the remainder of this block</i> | |
| <p>Purpose of Well (check one): Home <input type="radio"/> Industrial <input type="radio"/> Public Supply <input checked="" type="radio"/> Irrigation <input type="radio"/> Fish Culture <input type="radio"/> Other: _____</p> | |
| <p>If a flowing well, method of flow regulation: Valve <input type="checkbox"/> Other (describe) _____</p> | |
| <p>Static Water Level: <u>88</u> feet above <input type="radio"/> or below <input checked="" type="radio"/> land surface Date measured: <u>05/24/10</u></p> | |
| <p>Method of Measurement (check one) steel tape <input type="radio"/> electric tape <input checked="" type="radio"/> air line <input type="radio"/> other: _____</p> | |
| <p>Well depth: <u>670'</u> Well grouted to a depth of <u>570</u> feet Type of grout (check one): Neat Cement <input type="radio"/> Bentonite <input type="radio"/> Mix <input checked="" type="radio"/></p> | |
| <p>Casing length: <u>570</u> feet Casing diameter: <u>16"</u> inches Type of casing: <u>Steel</u></p> | |
| <p>Screen length: <u>80</u> feet Screen diameter: <u>10 3/4</u> inches Type of screen: <u>Stainless Steel</u></p> | |
| <p>Screen slot size: <u>.020</u> inches Setting depth: From <u>580</u> feet to <u>660</u> feet</p> | |
| <p>Type of completion (check all applicable): Gravel packed <input checked="" type="checkbox"/> Underreamed <input type="checkbox"/> Telescoped <input type="checkbox"/> Open hole <input type="checkbox"/></p> | |
| <p>Natural Development <input type="checkbox"/> Other (describe): _____</p> | |
| <p>Top of lap pipe or reduction in casing: _____ feet. <i>If telescoped or more than one screen, describe on next page</i></p> | |

The sketch below only required for water wells

If well telescopes, show depths on sketch.

Ground Level →

see attached

Description of formations encountered must be provided for all wells and boreholes, unless specifically exempted by regulations

| Description of Formations Encountered | From (depth) | To (depth) |
|---------------------------------------|--------------|------------|
| Sand | Ground Level | 120' |
| Broken Sand | 120' | 190' |
| Clay | 190' | 230' |
| Sand | 230' | 255' |
| Clay | 255' | 320' |
| Sand | 320' | 330' |
| Clay | 330' | 570' |
| Sand | 570' | 720' |
| Clay | 720' | 760' |
| Sand | 760' | 810' |
| Clay | 810' | 970' |
| Sand | 970' | 1000' |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

If more than one screen, show location of each on sketch

Sketch the property layout and include the following: 1) the well location; 2) any permanent structures on the property that may aid in locating the well; 3) any roads, power lines, or other items that may aid in locating the property and the well; 4) a north arrow.

see attached

Landowner Name: _____

Form: OLWR-SWR-1A (04/08)

I certify that the well/borehole was drilled, constructed, and completed in accordance with all applicable requirements of the Mississippi Department of Environmental Quality and the Mississippi Department of Health regulations, if applicable, and state laws.

Griner Drilling Service 0-581 _____ 11/17/10 _____
 Print Name of Responsible Licensee and License No. Date

 Signature of Licensee

STATE WELL REPORT Part 2

Pump Installer's Completion Report
Mississippi Department of Environmental Quality
Office of Land and Water Resources
P.O. Box 2309
Jackson, MS 39225
(601)961-5210
(601)961-5228 (fax)

County: Harrison
 Permit #: MS-610-16614
 Driller: Griner Drilling Service
 Date completed: 04/06/10
Copy information from block on Part 1

For Office Use Only:

Aquifer: _____
 Well #: F508
 Elevation: _____

This part of the report must be completed by a licensed water well contractor or a licensed pump installer. A copy of Part 1 of the report must be attached and both parts filed with the Department at the above address within 30 days of well completion.

| Well Owner Information | Well Location |
|--|---|
| Owner Name: <u>Harrison County Utility Authority</u> | Latitude: <u>30 28' 40.05"</u> Longitude: <u>89 11' 14.39"W</u> |
| Mailing Address: <u>10271 Express Drive</u> | Method of Lat/Long (check one): Conventional Survey <input type="radio"/> , |
| <u>Gulfport MS 39503</u> | USGS quad <input checked="" type="radio"/> , Hand-held GPS <input type="radio"/> , Survey-grade GPS <input type="radio"/> |
| City State Zip Code | <u>1/4</u> <u>1/4</u> Sec <u>34</u> T <u>6S</u> R <u>12W</u> |
| Telephone No. (____) _____ | Distance Direction Nearest Town <u>3.5</u> Miles <u>SW</u> of <u>Lyman</u> |

| Pump Type Check one | Power Type Check one |
|--|--|
| Air Lift <input type="radio"/> Jet <input type="radio"/> Submersible <input type="radio"/> | Diesel Engine <input type="radio"/> Gasoline Engine <input type="radio"/> Natural Gas <input type="radio"/> |
| Bucket <input type="radio"/> Piston <input type="radio"/> Turbine <input checked="" type="radio"/> | Electric Motor <input checked="" type="radio"/> Hand <input type="radio"/> Tractor PTO <input type="radio"/> |
| Centrifugal <input type="radio"/> Rotary <input type="radio"/> Flowing Well <input type="radio"/> | Windmill <input type="radio"/> Other (specify): _____ |
| Other (specify): <u>Line Shaft Turbine</u> | Horse Power Rating of Motor: <u>125</u> |
| Date Pump Installed: <u>08/02/10</u> | Setting Depth: <u>200'</u> feet |
| Rated Pump Capacity: <u>1000</u> Gallons Per Minute | Number of Stages: <u>5</u> |

| Pump Test Data | Method of Measuring Water Level Check one |
|--|--|
| Date Well Tested: 05/22/10 <u>10/25/10</u> | Air Line <input type="radio"/> Electric Measuring Line <input checked="" type="radio"/> Steel Tape <input type="radio"/> |
| Static Water Level (A): 88 <u>92.96</u> Feet Below Land Surface | Other (specify): _____ |
| Pumping Water Level (B): 199.96 <u>164.20</u> Feet Below Land Surface | For flowing well, measured shut in head: _____ feet |
| Drawdown [(B) - (A)]: 101.96 <u>71.24</u> Feet Below Land Surface | Well yielded 1506 <u>1506</u> GPM with a drawdown of |
| Test Pumping Rate: 1506 <u>1000</u> Gallons Per Minute | 101.96 <u>71.24</u> feet after <u>24</u> hours of pumping |
| Duration of Pump Test (minimum 4 hours): <u>24</u> hours | |

This is for (check one): New Well Replacement of Existing Pump Repair of Existing Pump

I HEREBY CERTIFY that the above statements are true to the best of my knowledge.

Griner Drilling Service 0-581 Charles H. Griner
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

Harrison County Utility Authority
2008-13/W13
County Farm Road
2010

